

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

GLO

PLAINTIFF BRIDGET MECHETNER-CESARIO	COURT CASE NUMBER 08-C-201 08cv21
DEFENDANT JENNIFER WITHERSPOON, ETC., ETAL.	TYPE OF PROCESS SUMMONS & COMPLAINT

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	LIEUTENANT MERCADO, LAKE COUNTY JAIL
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
	20 SOUTH COUNTY STREET WAUKEGAN, IL 60085 - (847) 377-4100

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

PATRICK J. COLLINS
BELGRADE & O'DONNELL, PC
20 NORTH WAKCER DRIVE - SUITE 1900
CHICAGO, IL 60606

Number of process to be
served with this Form 285

1

Number of parties to be
served in this case

9

Check for service
on U.S.A.

X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

FILED

Fold

MAY 12 2008 YM

May 12 2008

MICHAEL W. DOBBINS

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

CLERK, U.S. DISTRICT COURT.

DATE

4-1-8

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 8089	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk TR	Date 4-1-8
---	-----------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

S. Valek, #1485 Correctional Officer

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date 5/7/08	Time 2:45	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
----------------	--------------	---

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
One	Service Fee charged	Same Case + location			
REMARKS:	See process sheet # 1 for charges				

3 hrs. 100 mls RT

PRINT 5 COPIES:

1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment,
if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00